



06-09-03

1653/0

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/590,592	
	<b>Filing Date</b>	June 8, 2000	
	<b>First Named Inventor</b>	David S. JONES	
	<b>Group Art Unit</b>	1653	
	<b>Examiner Name</b>	D. Lukton	
<b>Total Number of Pages in This Submission</b>	30	<b>Attorney Docket Number</b>	252312007300

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - (26 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)  Return receipt postcard
<b>RECEIVED</b> JUN 11 2003 TECH CENTER 1600/2800		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual Name</b>	MORRISON & FOERSTER LLP Shannon Thomas - 52,285	 * 2 5 2 2 6 *
<b>Signature</b>		
<b>Date</b>	6/6/03	

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Label No. EV 332778126 US to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Dated: 6-6-03

Signature: (Anthony Soljanich)



# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 2856.00

## Complete if Known

Application Number 09/590,592  
Filing Date June 8, 2000  
First Named Inventor David S. JONES  
Examiner Name D. Lukton  
Group Art Unit 1653  
Attorney Docket No. 252312007300

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JUN 11 2003  
TEST CENTER 1600/2900

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account

Deposit Account Number 03-1952

Deposit Account Name Morrison & Foerster LLP

The Commissioner is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	750	Utility filing fee	
		1002	330	Design filing fee	
		1003	520	Plant filing fee	
		1004	750	Reissue filing fee	
		1005	160	Provisional filing fee	
SUBTOTAL (1)					0.00

#### 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
190	-53 =	137 x 18.00 =	2,466.00
Independent Claims	7	-7 =	0 x 84.00 = 0
Multiple Dependent			280.00 = 280.00

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
		1202	18	Claims in excess of 20
		1201	84	Independent claims in excess of 3
		1203	280	Multiple dependent claim, if not paid
		1204	84	** Reissue independent claims over original patent
		1205	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ ) 2,746.00

\*\*or number previously paid, if greater; For Reissues, see above

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	Surcharge - late filing fee or oath	
		1052	50	Surcharge - late provisional filing fee or cover sheet.	
		1053	130	Non-English specification	
		1812	2,520	For filing a request for ex parte reexamination	
		1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	Extension for reply within first month	110.00
		1252	410	Extension for reply within second month	
		1253	930	Extension for reply within third month	
		1254	1,450	Extension for reply within fourth month	
		1255	1,970	Extension for reply within fifth month	
		1401	320	Notice of Appeal	
		1402	320	Filing a brief in support of an appeal	
		1403	280	Request for oral hearing	
		1451	1,510	Petition to institute a public use proceeding	
		1452	110	Petition to revive - unavoidable	
		1453	1,300	Petition to revive - unintentional	
		1501	1,300	Utility issue fee (or reissue)	
		1502	470	Design issue fee	
		1503	630	Plant issue fee	
		1460	130	Petitions to the Commissioner	
		1807	50	Processing fee under 37 CFR 1.17(q)	
		1806	180	Submission of Information Disclosure Stmt	
		8021	40	Recording each patent assignment per property (times number of properties)	
		1809	750	Filing a submission after final rejection (37 CFR 1.129(a))	
		1810	750	For each additional invention to be examined (37CFR 1.129(b))	
		1801	750	Request for Continued Examination (RCE)	
		1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ ) 110.00

### SUBMITTED BY

Name (Print/Type) Shannon Thomas, Ph.D.

Registration No. (Attorney/Agent)

52,285

### Complete (if applicable)

Telephone (650) 813-5600

Signature

*[Signature]*

Date

6/16/03

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Dated: 6-6-03

Signature: *[Signature]* (Anthony Soljanich)